

# City of Hartford

Request for Bid

BID #

OFFICE OF THE PURCHASING AGENT  
550 MAIN STREET - ROOM 100  
HARTFORD, CT 06103

BIDS FOR ITEMS DESCRIBED WILL BE TAKEN UNTIL:

TIME:

DATE:

FOR ADDITIONAL INFORMATION CONTACT:

Purchasing (860) 543-8555

ITEM	DESCRIPTION	QTY.	UNIT	UNIT PRICE	EXT. PRICE
	<u>TERM CONTRACT:</u>				
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

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1514

OFFICE OF THE PURCHASING AGENT  
550 MAIN STREET - ROOM 100  
HARTFORD, CT 06103

ITEM	DESCRIPTION	QTY.	UNIT	UNIT PRICE	EXT. PRICE
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					

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<p>DELIVERY DESTINATION - FOB INSIDE (List Department Name here)</p> <p>The undersigned certifies that this bid is in full agreement with all instructions and specifications attached hereto and if accepted by the City within 60 days of bid due date, bidder's proposal will be faithfully performed.</p> <p>Legal Name of Bidder: _____</p> <p>e-Mail _____</p> <p>Street _____</p> <p>Signed by _____</p> <p style="text-align: center;">Manual Signature in Ink</p>					<p>TOTAL BID \$ _____</p> <table border="1"> <tr> <td>Cash</td> <td>Discount</td> <td>%</td> <td>DAYS</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table> <p>Guaranteed Delivery Date: _____</p> <p>Phone _____</p> <p>Fax _____</p> <p>City _____ ST _____</p> <p>L/S Title _____</p>	Cash	Discount	%	DAYS				
Cash	Discount	%	DAYS										